

**INSTRUCTION: ONLY COMPLETE THE CELL HIGHLIGHTED IN GRAY AS APPLICABLE**  
**(change n/a to a unit price as applicable)**

**SAP (<150K) WORKSHEET**(Supplies >\$3.5k, Services >\$2.5k, Construction >\$2k)

PR #:	9169-7936		Vendor 1 Name:	(b) (4)	
TCN:			POC:		
Priority:		DO-DX:	Phone:		
			e-Mail:		
			Fax:		
NAICS/SIC:	325520	Size Standard:	500	Cage Code:	(b) (4) Size: SMALL
FSC:	8040	Date Closes:	6/24/2019	SAM:	Yes
RDD:		Julian Date:		Remit To:	Quote Date:

  

CLIN #	Description	QTY	U/I	UNIT PRICE	AMOUNT
1	ADHESIVE	100	CN	\$43.20000	\$4,320.000
2					\$0.000
3					\$0.000

  

Mfg. & Country of Origin :			(b) (4)		
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Solicitation #:	19-Q-2148	Payment Terms:	WAWF	Total:	\$4,320.00
Paying Office:		FOB:	Dest	Delivery Date:	3 WEEKS
Invoice To:		FOB Point:		Shipping Cost:	
Tac Code:		Weight:		Method:	



Commercial (1449)  
Non Commercial (1155) See  
market research

<b>Vendor 2 Name:</b> (b) (4)				<b>Vendor 3 Name:</b> (b) (4)				<b>Vendor 4 Name:</b>											
<b>POC:</b>				<b>POC:</b>				<b>POC:</b>											
<b>Phone:</b>				<b>Phone:</b>				<b>Phone:</b>											
<b>e-Mail:</b>				<b>e-Mail:</b>				<b>e-Mail:</b>											
<b>Fax:</b>				<b>Fax:</b>				<b>Fax:</b>											
<b>Cage Code:</b>		(b) (4)		<b>Size:</b>		SMALL		<b>Cage Code:</b>		(b) (4)		<b>Size:</b>		SMALL		<b>Cage Code:</b>			
<b>SAM:</b>				<b>SAM:</b>				<b>SAM:</b>				<b>SAM:</b>				<b>SAM:</b>			
<b>Remit To:</b>				<b>Quote Date:</b>				<b>Remit To:</b>				<b>Quote Date:</b>				<b>Remit To:</b>			
<b>UNIT PRICE</b>				<b>AMOUNT</b>				<b>UNIT PRICE</b>				<b>AMOUNT</b>				<b>UNIT PRICE</b>			
\$199.25000				\$19,925.000				\$160.89000				\$16,089.000				\$78.000			
				\$0.000								\$0.000							
				\$0.000								\$0.000							
				(b) (4)								(b) (4)				(b) (4)			
<b>Payment Terms:</b>		WAWF		<b>Total:</b>		\$19,925.00		<b>Payment Terms:</b>		WAWF		<b>Total:</b>		\$16,089.00		<b>Payment Terms:</b>			
<b>FOB:</b>		Dest		<b>Delivery Date:</b>		4 WEEKS		<b>FOB:</b>		Dest		<b>Delivery Date:</b>		2 WEEKS		<b>FOB:</b>			
<b>FOB Point:</b>				<b>Shipping Cost:</b>				<b>FOB Point:</b>				<b>Shipping Cost:</b>				<b>FOB Point:</b>			
<b>Weight:</b>				<b>Method:</b>				<b>Weight:</b>				<b>Method:</b>				<b>Weight:</b>			

(b) (4)			Vendor 5 Name: (b) (4)			
			POC:			
			Phone:			
			e-Mail:			
			Fax:			
(b) (4)	Size:	SMALL	Cage Code:	(b) (4)	Size:	SMALL
			SAM:			
	Quote Date:		Remit To:		Quote Date:	
PRICE	AMOUNT		UNIT PRICE	AMOUNT		
000	\$7,800.000		\$234.88000	\$23,488.000		
	\$0.000			\$0.000		
	\$0.000			\$0.000		
(b) (4)			(b) (4)			
WAWF	Total:	\$7,800.00	Payment Terms:	WAWF	Total:	\$23,488.00
Dest	Delivery Date:	<u>2 WEEKS</u>	FOB:	Dest	Delivery Date:	
	Shipping Cost:		FOB Point:		Shipping Cost:	
	Method:		Weight:		Method:	

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**SAP (<150K) WORKSHEET**(Supplies >\$3.5k, Services >\$2.5k, Construction >\$2k)

PR #:	9169-7936		Vendor 6 Name:	
TCN:			POC:	
Priority:		DO-DX:	Phone:	
			e-Mail:	
			Fax:	
NAICS/SIC:	325520	Size Standard:	500	Cage Code:
FSC:	8040	Date Closes:	6/24/2019	SAM:
RDD:		Julian Date:		Remit To:

CLIN #	Description	QTY	U/I	UNIT PRICE
1	ADHESIVE	100	CN	\$161.50000
2				
3				
4				
5				

Mfg. & Country of Origin :			(b) (4)
Solicitation #:	19-Q-2148	Payment Terms:	WAWF
Paying Office:		FOB:	Dest
Invoice To:		FOB Point:	
Tac Code:		Weight:	

(b) (4)		Vendor 7 Name: (b) (4)	
		POC:	
		Phone:	
		e-Mail:	
		Fax:	
Size:	SMALL	Cage Code:	(b) (4)
		SAM:	
Quote Date:		Remit To:	
		Quote Date:	
AMOUNT		UNIT PRICE	
\$16,150.000		\$164.70000	
\$0.000		\$0.000	
\$0.000		\$0.000	
\$0.000		\$0.000	
\$0.000		\$0.000	
(b) (4)		(b) (4)	
Total:	\$16,150.00	Payment Terms:	WAWF
Delivery Date:	2 WEEKS	FOB:	Dest
Shipping Cost:		FOB Point:	
Method:		Weight:	
		Total:	\$16,470.00
		Delivery Date:	12 DAYS
		Shipping Cost:	
		Method:	



Commercial (1449)	
Non Commercial (1155) See market research	

<b>Vendor 8 Name:</b>		<b>Vendor 9 Name:</b>	
POC:		POC:	
Phone:		Phone:	
e-Mail:		e-Mail:	
Fax:		Fax:	
Cage Code:	Size:	Cage Code:	
SAM:		SAM:	
Remit To:	Quote Date:	Remit To:	
UNIT PRICE		AMOUNT	
n/a		#VALUE!	
		\$0.000	
		\$0.000	
		\$0.000	
		\$0.000	
Payment Terms:		Total: #VALUE!	
FOB:		Delivery Date:	
FOB Point:		Shipping Cost:	
Weight:		Method:	

		<b>Vendor 10 Name:</b>			
		POC:			
		Phone:			
		e-Mail:			
		Fax:			
Size:		Cage Code:		Size:	
		SAM:			
Quote Date:		Remit To:		Quote Date:	
AMOUNT		UNIT PRICE		AMOUNT	
#VALUE!		n/a		#VALUE!	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
<b>Total:</b>	<b>#VALUE!</b>	<b>Payment Terms:</b>		<b>Total:</b>	<b>#VALUE!</b>
Delivery Date:		FOB:		Delivery Date:	
Shipping Cost:		FOB Point:		Shipping Cost:	
Method:		Weight:		Method:	

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**SAP (<150K) WORKSHEET**(Supplies >\$3.5k, Services >\$2.5k, Construction >\$2k)

PR #:			Vendor 11 Name:	
TCN:			POC:	
Priority:		DO-DX:	Phone:	
			e-Mail:	
			Fax:	
NAICS/SIC:		Size Standard:	Cage Code:	
FSC:		Date Closes:	SAM:	
RDD:		Julian Date:	Remit To:	

  

CLIN #	Description	QTY	U/I	UNIT PRICE
1				n/a
2				
3				
4				
5				

  

Mfg. & Country of Origin :			
Solicitation #:		Payment Terms:	
Paying Office:		FOB:	
Invoice To:		FOB Point:	
Tac Code:		Weight:	





		Vendor 12 Name:	
		POC:	
		Phone:	
		e-Mail:	
		Fax:	
Size:		Cage Code:	Size:
		SAM:	
Quote Date:		Remit To:	Quote Date:
AMOUNT		UNIT PRICE	AMOUNT
#VALUE!		n/a	#VALUE!
\$0.000			\$0.000
\$0.000			\$0.000
\$0.000			\$0.000
\$0.000			\$0.000
Total:	#VALUE!	Payment Terms:	Total:
Delivery Date:		FOB:	Delivery Date:
Shipping Cost:		FOB Point:	Shipping Cost:
Method:		Weight:	Method:



Commercial (1449)		
Non Commercial (1155) See market research		

<b>Vendor 13 Name:</b>				<b>Vendor 14 Name:</b>			
POC:				POC:			
Phone:				Phone:			
e-Mail:				e-Mail:			
Fax:				Fax:			
Cage Code:		Size:		Cage Code:			
SAM:				SAM:			
Remit To:		Quote Date:		Remit To:			
UNIT PRICE		AMOUNT		UNIT PRICE			
n/a		#VALUE!		n/a			
		\$0.000					
		\$0.000					
		\$0.000					
		\$0.000					
<b>Payment Terms:</b>		<b>Total:</b>		<b>#VALUE!</b>		<b>Payment Terms:</b>	
FOB:		Delivery Date:				FOB:	
FOB Point:		Shipping Cost:				FOB Point:	
Weight:		Method:				Weight:	

		Vendor 15 Name:			
		POC:			
		Phone:			
		e-Mail:			
		Fax:			
Size:		Cage Code:		Size:	
		SAM:			
Quote Date:		Remit To:		Quote Date:	
AMOUNT		UNIT PRICE		AMOUNT	
#VALUE!		n/a		#VALUE!	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
Total:	#VALUE!	Payment Terms:		Total:	#VALUE!
Delivery Date:		FOB:		Delivery Date:	
Shipping Cost:		FOB Point:		Shipping Cost:	
Method:		Weight:		Method:	

# PRICING SUMMARY FROM VENDORS

INSTRUCTION: ONLY COMPLETE THE CELL HIGHLIGHTED IN GRAY		
VENDOR	TOTAL PROPOSAL AMOUNT	TECHNICALLY ACCEPTABLE
Vendor 1 Name: (b) (4)	\$4,320.00	Yes
Vendor 2 Name: (b) (4)	\$19,925.00	
Vendor 3 Name: (b) (4)	\$16,089.00	
Vendor 4 Name: (b) (4)	\$7,800.00	
Vendor 5 Name: (b) (4)	\$23,488.00	
Vendor 6 Name: (b) (4)	\$16,150.00	
Vendor 7 Name: (b) (4)	\$16,470.00	
Vendor 8 Name:	#VALUE!	
Vendor 9 Name:	#VALUE!	
Vendor 10 Name:	#VALUE!	
Vendor 11 Name:	#VALUE!	
Vendor 12 Name:	#VALUE!	
Vendor 13 Name:	#VALUE!	
Vendor 14 Name:	#VALUE!	
Vendor 15 Name:	#VALUE!	